

FILED JUN 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18011

BIRTH NO. _____		REG. DIST. NO. <u>62</u>	PRIMARY REG. DIST. NO. <u>4108</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Stockton		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 E. Oak St.		e. STREET ADDRESS (If rural, give location) 509 E. Oak St. <u>0200</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES	b. (Middle) WILLIAM	c. (Last) COLLINS
4. DATE OF DEATH		June 5, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Aug. 4, 1863	9. AGE (In years last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cedar County, Mo.
13a. FATHER'S NAME Manuel Collins		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Collins, Stockton, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>52</u> to <u>6.5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6.5</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. B. Richter, MD.</u>		23b. ADDRESS <u>Stockton Mo.</u>		23c. DATE SIGNED <u>6.6.55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>6/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geneva Garrison Canton Funeral Home, Stockton, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John A. Cantlon

Licensed Embalmer No. 43

P. O. Address Stochter

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.